

Sheet 1 of 2

THIS FORM REPLACES DR FORM 40, JAN 02  
PREVIOUS EDITIONS WILL BE DESTROYED

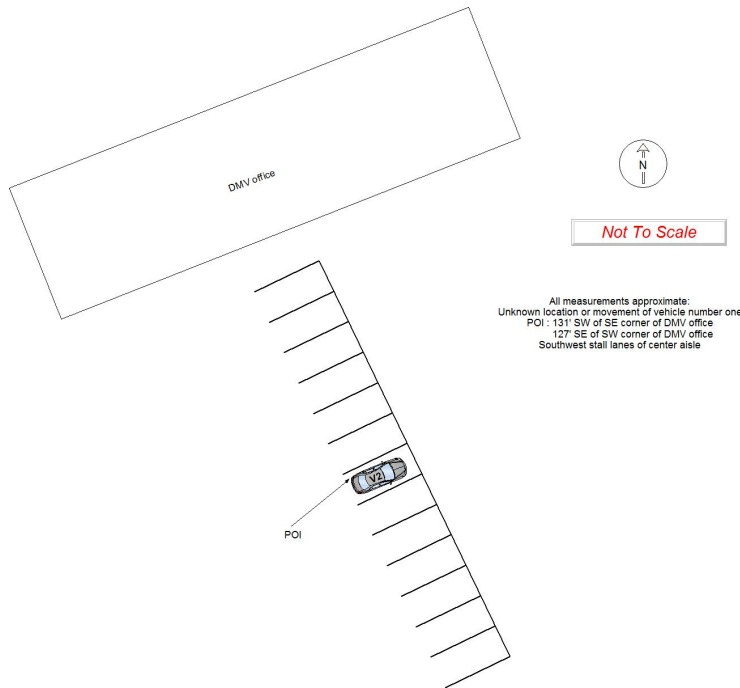
# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B6-044195



Indicate  
North  
by Arrow



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Helen said she parked her vehicle in a parking spot while running into the DMV office to renew her registration. Helen estimates she was in the office for approximately 15 minutes and returned to find damage to the vehicle. Helen did not notice the vehicle that was parked next to her when she arrived. AGL on Helen's vehicle was approximately 20-38in and the only transfer appeared to be from a molded black plastic bumper. No suspects, witnesses or video surveillance available.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	0	VEH 2	0	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian		
1					Parking Lot								Y		Y	Y			
2					Parking Lot				POINT OF IMPACT		06		N		X	N	X	N	
1					06 Turning left				MOST DAMAGED AREA		06		BAC LEVEL						
2	10				08 Entering traffic lane								ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2			
01 Essentially straight ahead					09 Leaving traffic lane				00 None		02		03		04		5		1
02 Backing					10 Parked				09 Top & windows		01		05		1 Neither alcohol nor drugs suspected				
03 Changing lanes					11 Slowing or stopped in traffic				10 Undercarriage		08		07		2 Yes - alcohol suspected				
04 Overtaking/ Passing					12 Other				11 Total (all areas)		06		3 Yes - drugs suspected						
05 Turning right					13 Unknown				12 Other				4 Yes - alcohol & drugs suspected						
													5 Unknown						

OFFICER NO. 1760	TROOP/ TEAM/ BEAT 11	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Nathan Wagner		INVESTIGATOR SIGNATURE Approved by Officer Nathan Wagner	DATE OF REPORT 05/20/2016